# THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

**Foundation and Approbation:** The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

**Purpose and Field:** The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

**Nature of Work:** The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

**Scope of Work:** The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

**Nature of the Society:** The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

**First Hospital:** The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

Dr. Anna Dengel,
*Society of Catholic Medical Missionaries,*
*Bunker Hill Road and 16th Street N. E.,*
*Brookland, Washington, D. C.*

## TRAGEDY OF INDIA'S BLIND

Mr. A. K. Shah, Principal of the Calcutta Blind School, in the course of an interview with the "Statesman," a Calcutta daily, remarked: "It is surprising that in the face of the progress made in various other directions, India has been late in the work of bringing light to the blind, though her blind population is considerable."

Although according to the latest census statistics given there are 600,000 sightless, it is difficult to verify the exact number of the blind. Blindness is popularly conceived as total loss of sight, therefore, many do not list themselves as such because of the fact that they can see enough to walk about. This gives reason to suppose that the actual number of the blind is considerably larger than can be inferred from the census.

However, as the figure stands (600,000) it is the highest in the world. China is only 500,000 with a greater population. The blind population of India surpasses Europe and Russia combined by 100,000. Egypt, nevertheless, stands first in proportion of the blind to the population, having about 14,000 to a million. India has about one-tenth of that ratio. At present there are only 12 schools or workshops, or 50,000 blind to one institution in India.

In the past the blind merely received doles with which to procure the necessities of life, but today, as Helen Keller says, "they do not want mere doles, they want light, and that light is given through work, through employment." The education of the blind is necessarily costly and therefore at present can be made available to comparatively few in the Orient. But through proper medical aid much blindness can be prevented.

Dr. Anna Dengel,
*Society of Catholic Medical Missionaries, Inc.,*
16th Street and Bunker Hill Road,
Brookland, D. C.

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# The MEDICAL MISSIONARY

*Catholic Indian Nurses in Training at the Holy Family Hospital, Rawalpindi*

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES A.D. 1925 — CAUSA NOSTRÆ LÆTITIÆ

Vol. I. SEPTEMBER, 1928 No. 10

# LIFTING THE VEIL

*By* Dr. Anna Dengel

Indian Social Reformers have many hard nuts to crack. A problem much discussed and debated at present is *"Purdah,"* literally meaning curtain, but applied to the rigid system of seclusion, ordered by Mohammed for Mohammedan women and adopted by necessity also by the higher caste Hindus after the Moslem invasion in the eleventh century. Purdah comprises a whole code of behavior, the main item however is, that women should not show their faces to men, except the men of their own household. Hence, the Mohammedan lady appears in the street covered with a cloak-like garment which covers her so completely that she resembles a walking bag. The Hindu woman merely lowers her veil (sari) when she encounters strange men. For over one thousand years, this system of seclusion has kept millions of women confined to their homes, debarred from education, proper medical aid and all contact with the outside world and consequently progress in general.

After centuries of neighborly relations with Christianity, Turkey broke the ice in abolishing purdah. Slowly, other countries are following her example. In 1927, ninety thousand women threw off the veil in Uzbekistan, near Russian Turkestan. In India, purdah is still one of the means of preserving the morality of the women. It is a compulsory method so to say. The strictness with which it was enforced by public opinion together with the duty incumbent on parents to marry their daughters young, even as children, did much to uphold the virtue of the Indian women and the preservation of the whole race. Purdah and child marriage meant and still mean suffering, indescribable, unspeakable, inhuman; it was borne heroically, silently, stoically, and fatalistically.

The virtue of the average Indian woman is not a fable or a myth. It is an absolute reality and anybody interested in the welfare of the women of the world cannot help but rejoice that some enlightened Indian men have enough confidence in the men and women of India to advocate the abolition of purdah.

Last July, the following appeal was addressed to the public in Bihar signed by such prominent Indian men as Babu Braju Kishore Prashad, the Hon. Mr. Angugrah Narayan Singh, Member of the Council of State; Babu Jagat Narayan Lal, M. L. C.; Babu Baldev Sahay, M. L. C., and Babu Chandreshwar Prashad Narayan Sinha, M. L. C.

"We have arrived at the conclusion that purdah is an undesirable institution, being responsible for impeding our growth and progress in many directions, and it should not be allowed to continue a day longer than it can be avoided. Whatever may have been the justification for its introduction into the scheme of our life, it is difficult to defend it now on any grounds, rational, moral or human. We hold that the system is repugnant to the genius of our culture. We want that the women of our province should be as free to move about and take their legitimate part in the life of the community in all particulars as their sisters in Karnataka, Maharashtra, and Madras in an essentially Indian way."

In the *Statesman* of July 13th, we read that Queen Souriya and members of the Afghan royal family have finally discarded the purdah and have dined unveiled in Kabul in the presence of persons other than members of their family.

The Mullahs (Mohammedan priests) do not like it, but King Amanullah remains firm.

However, the Indians themselves admit that before purdah can be completely abolished, there must be an intensive campaign of social reform and education among women and they realize that something else, which they call soul-force, is needed.

Those who know and love the women of India are looking forward to the day when freedom will be their privilege also, but a freedom only to the extent of their capacity to use it safely. A sudden emancipation would seem fatal, even a gradual one will have its disadvantages as well as advantages, and like every social revolution will bring about its hardships and sufferings.

The fact that the women were so inaccessible in the past is one reason for the slow progress of Christianity in India. Father Gille, S. J., who knows the country well, says: "We have not scratched the surface of India, because we have not reached her women."

The abolition of purdah and the mingling of the women with the outside world promise to mean much for religious and social progress, provided we Catholic women are not asleep. Purdah will not be abolished with one stroke, there are too many heads in India for that, but it will come about rapidly enough to make it difficult to supply educational, medical and social service demands. If we Catholic women want to have a hand in the shaping of true freedom for Indian womanhood, we must study the situation and be ready to make sacrifices. True and safe freedom we know can only come through the following of Him Who said: *"I am the Way, and the Truth, and the Life."* (St. John, Chap. XIV, 6 verse.)

It is our duty to share the greatest good we have, our Holy Religion and its benefits, with those who are still deprived of it. The saying: "It is more blessed to give than to receive" surely applies to this opportunity.



The MEDICAL MISSIONARY

**Published with ecclesiastical approbation monthly (except June and July) by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription $1 per year.**
**Editor: Dr. Anna Dengel**

## EDITORIALS

### AVERT DISASTER

The missionary intention of the Apostleship of Prayer for the month of September is: "The Conversion of Africa." Bishop Hinsley of England, who made an extensive tour through Africa last winter as Apostolic Visitor made the following statement which should rouse every Catholic to pray fervently and to make real sacrifices: "Never before in the history of the world, has such formidable danger arisen as exists in Africa today—a welter of savage native tribes clashing with civilization. Unless within twenty-five years the native population is converted to Christianity, there will be a disaster on a grand scale."

Although it was Bishop Hinsley's special task to investigate the educational needs of the so-called Dark Continent, he also chanced to see something of Medical Mission work. It was Dr. McMurtrie's privilege to take Bishop Hinsley and his Benedictine Secretary on a 380-mile trip on which six mission stations were visited.

During the four days Dr. McMurtrie, who is in charge of St. Mary's Native Hospital in Mariannhill, Natal, had many opportunities of talking to His Lordship about the apostolate of mission doctors. His Lordship showed an extraordinary keen interest in the whole subject and declared his intention of making a report on the matter to the authorities in Rome.

Since then Rev. M. Coquard of the Society of African Missionaries, who has spent thirty-eight years in Nigeria and who built and organized a large Medical Mission comprising a hospital and a training school for native midwives, has expressed the desire that the Holy Father, who had the excellent and happy inspiration to send an Apostolic Visitor to Nigeria for the schools, would send one for Medical Mission works also. "The need for an Apostolic Visitor," he says, "for works of charity is as urgent, to see, to examine, to judge, to put things clearly and to inform the highest authority. Evil and misery cannot be avoided or ameliorated by closing our eyes to it. Non-Catholics are far in advance of us in this branch of missionary work in which we should lead the way instead of lagging behind. Surely the Church will not allow herself to be deprived of the prestige of occupying first rank in the dispensation of charity, which she has always carried in advance of her apostolic endeavors."

Let us join in the prayers of the many thousands of members of the Apostleship of Prayer for the Conversion of Africa, so that the desires and longings of the missionaries may be fulfilled and their labors bear more fruit than ever in that most hopeful of all mission countries.

### YES OR NO?

On September 30th, our Society will be three years old. Whilst the shoots of the tiny seed planted three years ago are barely peeping through the ground yet, we must thankfully acknowledge that God's Providence has been very good to us and supplied us with all the needful. The Fathers of the Holy Cross Foreign Mission Seminary, under whose spiritual direction our Society is placed, have provided the necessary instruction and also helped us in many other ways. Our neighbors, the Franciscan Fathers from the Monastery, untiringly come every morning to say Mass in our chapel. Our Benefactors have generously and cheerfully provided the wherewitha' to continue and expand our work, and last but not least, we have received encouraging letters from missionaries containing sincere wishes for the growth of our Society and asking us to send Medical Missionaries soon.

Up to the present we have received five requests to start Medical Missionary work. These were from India, Africa and the latest from northern China, which would melt even the hardest heart. The following is a copy of the letter from the Chinese Bishop:

Prefecture Apostolic, Lyhsien (Hopeh),
Kaochiachoang, Catholic Mission.

We are very grateful for the number of the *Medical Missionary* you kindly sent us. YOUR WORK IS SIMPLY SPLENDID. Here also unspeakable good could be done, countless souls saved by the medical Apostolate of your Sisters. But we are a very, very poor native Mission. (I was consecrated last year by His Holiness Pope Pius XI's own hands.) It is impossible for us to dream of the foundation of a hospital . . . However would your dear Sisters come to North China only for the medical Apostolate, opening an humble Dispensary (for the beginning) in our town, training native nurses, especially some of

(*Continued on page* 5)

# THIS MARRIAGE BUSINESS

*By* Dr. Caroline O'Connor

IF YOU had seen little Allamellu the day she first marshalled her army of small brothers and sisters into my Dispensary, you could not have imagined that in less than a year she would become the central figure in a drama that nearly drove her father to suicide and threatened to involve her family in utter ruin. Yet, it happens often enough in Indian life that, at an age when her European sisters are playing with their dolls, the Brahmin girl is suddenly pushed into the limelight of a matrimonial tragedy.

Allamellu was a shy, fragile maiden of twelve, clad in a voluminous multicolored petticoat and a white boy's shirt with the tails worn outside; fragrant jasmine was twined in her sleek, black hair and many glass bracelets jingled on her slender wrists. In spite of drooping shoulders and open mouth that told their own tale of neglected adenoids, she carried herself with the dignity that became a daughter of the Brahmins, the highest caste in India; a people so revered by the masses that much of the Hindu religion consists in paying them homage.

BRAHMIN CHILDREN AT ST. ANN'S HOSPITAL, KOMBAKONAM (NEAR MADRAS), WHERE DR. O'CONNOR PRACTICED FOR THREE YEARS

The children wanted medicine for their mother who was sick for a long time. The nostrums of the local hakims had failed to relieve her and now in despair she resolved to try the medicine of the Christian hospital. I told them that she should be brought to the Dispensary for an examination. Allamellu answered that they belonged to a sect of strictly orthodox Brahmins, to whom the slightest touch of a low-caste person was defilement, necessitating a purifying bath in the sacred tank before they could return home. She thought it would be impossible for her mother to escape contamination in a Dispensary where women of all castes were collected together; therefore, she could not come. From my experience of Brahmins, I knew this to be true, and made up my mind to go to her. I had no reason to believe that my services would be appreciated by such fanatical followers of Hinduism, but in this case, adversity had prepared a way for me; the mother was exhausted from prolonged suffering; the father was a struggling lawyer who found it difficult to support his large family, of whom Allamellu was the oldest. Thus, I began a series of professional visits during which I became intimately acquainted, not only with this household, but also with the lives and customs of the Brahmin people.

One day, when the mother was well on her way to recovery, the father asked if anything could be done to improve Allamellu's beauty, as, said he: "She is now of a marriageable age, but I am a poor man and can offer no dowry with her." It appeared that the daughter of a professional man of high caste could only marry a gentleman of equal or higher rank, and such a person would demand a thousand rupees as dowry, not to mention a large expenditure in jewels for the bride and a wedding feast. I felt sure that removal of her adenoids followed by breathing exercises would make a great improvement in her appearance. This treatment I carried out; the result surpassed all our expectations. Allamellu's pretty face lost the dull mouth-breathing look, and she blossomed into a lovely girl.

In the meantime, her father tried to make a match for her among the B. A.'s and B. L.'s of the town, but without success. He applied in vain to the matrimonial agencies, and made long fruitless trips into the neighboring villages. High-caste maidens were plentiful, and college graduates had no need to take a penniless bride. My friends then braced themselves to shoulder the burden of a hopeless debt by borrowing the required sum. Now, interest in India ranges from 40 to 150 percent, and few who seek the aid of money-lenders ever get free from their clutches. It was well for them, therefore, that the money-lenders, when they found out that the lawyer had neither land nor securities, utterly refused a loan. The lawyer did not think so and



became very depressed. He loudly denounced the cupidity and heartlessness of his brethren: "We Brahmins are the most wicked people on earth," he repeated again and again, as if he derived some consolation from the thought.

On one occasion, I found him very elated. He had advertised in several newspapers for a suitable husband for his daughter. He was full of confidence that in the whole of Madras, there must be some worthy Brahmin who was not so obsessed by the craving for gold that he would marry without a dowry and save an honorable family from shame. But apparently there was not; or if there was, he did not read the newspapers, because no replies were received.

The unfortunate man now seemed to become almost demented with worry. He explained that every Brahmin was obliged to have his daughters married at a certain age, under pain of being cast out by his fellows during life and buried in hell after death. He hinted at suicide as being preferable to such disgrace. He railed against fate for cursing him with girl-children, and supposed he must have been a great sinner in his past existence, to be afflicted with five of them. He spoke of the good old days when superfluous girl babies were conveniently disposed of at birth, to save their families from just this predicament. I begged him to allow me to make arrangements to have her trained as a teacher or a nurse, but he absolutely refused. Such careers were all right for Europeans who had other rules, but for a Brahmin girl, marriage was the *only* portion!

My patient, too, though really fond of her child, often wept over the bad fortune that made her the mother of so many daughters. She told much of the mother's side of this marriage business: When the wedding feast is prepared with endless trouble and great expense, if it does not come up to the expectations of the bridegroom's party, they all walk out smashing everything available, and shouting that they had not been treated with sufficient respect. This is extremely humiliating, but they could bear it, if only they would not taunt the little bride about it afterwards. If she stood up for her people they would tell her to return home and stay there, as they could easily get another wife for their son.

My heart went out to the poor little victim of these cruel customs, but she gave no sign of resenting her parents' unkind words. The Hindu girl is used to hearing herself appraised at her marriage value, and she must show no emotion, no matter what remarks are passed about her. It would be very bad form for her to display any interest in her fate or to express any opinion in the matter of the choice of her future husband. Her father selects one for her and it is her *karma* (destiny) to wed him silently and submissively, total stranger though he is, and to depart with him from her father's house. Poor Allamellu did her best to live up to the Hindu ideal, but now and again I saw her furtively wipe away a tear and her voice had a new sharp note which told plainly that she was not as indifferent as she tried to appear.

The darkest hour is before the dawn. At this critical juncture a letter arrived from a distant relative in North Madras telling of a high caste lawyer, a middle-aged widower with three children, who would like to marry again. He was not particular about a dowry, so long as the girl was pretty and well born. Allamellu's father set out at once for the place, terrified lest another match-making papa might be before him and rob him of the prize.

Some weeks elapsed before I was able to pay another visit, and then what a change I found! They were all jubilant now, because the marriage had been arranged. He had succeeded in borrowing sufficient money for the wedding expenses. Allamellu was now a radiant being in a bright silk saree and resplendent with many jewels. She was no longer an encumbrance on the family, but a cherished and important bride-to-be. The neighbors came and fussed over her, braiding her hair in becoming ways and giving her sweetmeats. All the unhappiness of the past was forgotten in the rush and bustle of preparation for the wedding feast. But I could not forget so quickly, and as I drove home that evening through the crowded streets of the bazaar, I felt very strongly that the most amazing thing I could observe in India was the silent endurance of her daughters.

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## YES OR NO?

(*Continued from page 3*)

our Chinese Sisters, the Sisters of the "Little Flower," and then going from village to village, from home to home, bringing medical aid and doing also obstetrical work?

Of course, it would be hard work. Here, the winter is cold enough and the summer very hot. Journeys are not at all comfortable, and the people are poor and dirty. But, oh Doctor! what a lot of good could be done! Really, it is unspeakable.

Could THAT be planned? HOW? WHEN? A word of encouragement would be met with utmost consolation by

Yours faithfully in Xto,

\+ Mgr. Souen, I. M.

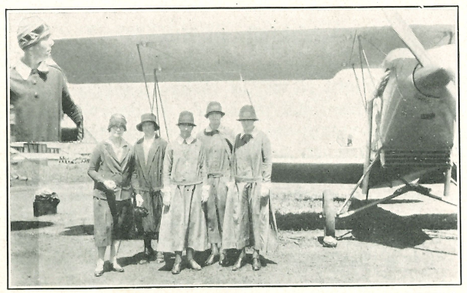
The Right Reverend Bishop wants an answer. Will it be *YES* or *NO?* It depends entirely whether young women will follow the Master's call to go even to the ends of the earth, where it is both hot and cold, uncomfortable and poor and dirty, as the Venerable Bishop puts it, for no other quest than souls. *YES* or *NO!* What will it be if Our Lord asks the sacrifice of you? It is a sacrifice—yes—and a great one, but what a promise: "And every one that hath left house, or brethren, or sisters, or father or mother, or wife, or children, or lands, for My Name's sake, shall receive an hundredfold and shall possess life everlasting." (St. Matthew, XIX: 29.)

# THE SOCIETY AT HOME AND ABROAD

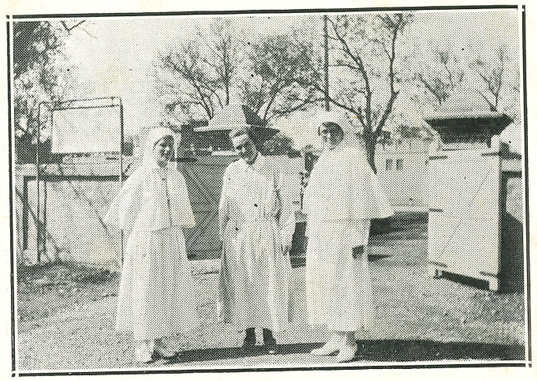
**REV. DOMINIC I. D'ROZARIO, C.S.C., first Indian Priest ordained in U. S. A., said Mass at the Catholic Medical Mission House recently. After four years of study in Washington, he is returning to India this fall.**

THE summer months at the Medical Mission House passed by all too rapidly. The sending out of the Good Samaritan appeal, canning fruits and vegetables, a few excursions to the sea and one into the air and the pleasant company of a good many visitors, all helped to provide that variety which is called the spice of life and gives wings to the days and months.

Dr. Lyons writes from Rawalpindi: "After three rousing rains, the monsoon stopped and we are having a spell of hot weather. We are all well. It is a real advantage to come from the U. S. A.—one has already tasted heat."



**MEDICAL MISSIONARIES READY TO HOP OFF IN MISS MARY E. VON MACH'S (insert) PLANE TO GET A BIRD'S-EYE VIEW OF THE BEAUTIFUL CAPITAL OF THE UNITED STATES**



**OUR MISSIONARIES IN INDIA**

*The picture of our front cover*—Sr. M. Laetitia writes: "Our Nurses' uniforms consist of light blue dresses and white saris which look very pretty. They would prefer to wear caps and aprons, but that would be altogether unsuitable. We have quite a time to keep large rings from their fingers and bangles from their wrists. We aim to give them a real good training; the course will be of four years' duration."

MISS ROSE MARY O'KEEFFE, R. N., of Our Lady of Victory parish, Brooklyn, N. Y., has been one of our staunchest friends from the beginning. Long before our Society came into existence she studied the problems of the women of India and like everyone else who really knows something about them, grew to love them and desirous of helping them. Being a nurse, our Society provided just the right field and medium for her charitable plans. With the cooperation of a priest she organized recently the Blessed Chanel Medical Mission Circle in Brooklyn. At the meetings surgical supplies are prepared. Miss O'Keeffe herself demonstrates the making of them. We thank the Rev. Spiritual Director and Miss O'Keeffe and all the members for having made this very promising beginning and we hope and pray that their interest will not only continue, but grow. To make our work possible we need strong support from many quarters.

Miss Katherine Hemler from Harrisburg reported recently that members of the Little Flower Medical Mission Circle have so far obtained twenty-one special favors from their patron.

It is too soon to say anything about the results of the Good Samaritan appeal because, no doubt, being holiday time, many readers have not even seen it yet.



# A CHAPTER ON MEDICAL MISSION COOPERATION

"JOTTINGS from a Catholic Mission Doctor" from Mariannhill, Natal, by Dr. R. F. McMurtrie, makes delightful reading because it breathes such a spirit of friendliness and cooperation, that it makes one feel, even from a distance, that one would like to work with him. Here are a few extracts from his bulletin:

"For some weeks we were in the happy position of having a mission doctor confrere (Dr. J. Pattis, now in Rhodesia) with us, sharing in our daily life and work. We became more than ever convinced that mission doctors like mission priests should always work in couples. It is fairly clear that two mission doctors working together would be of more real value than three or even four such doctors all working separately. In the case of mission priests the rule exists that two should always be together at each station, but necessity compels that the rule should be honored more frequently in the breach than in the observance. As regards mission doctors we are too near the beginning of things to be able to expect at present anything better than a solitary doctor here and there on the largest Missions, but we feel confident that real efficiency demands that as soon as possible the doctors should work in pairs.

It so happened that while the two of us were together quite a good number of important surgical cases turned up which we were able to tackle together, also the discussion together of many other cases and of medical mission problems in general was a most extraordinarily helpful experience. Twice all three of the Mariannhill mission doctors met together 130 miles up-country, at Dr. Kohler's headquarters, for operations, etc.

In December a small epidemic of typhoid fever broke out in our Boys' School, 15 cases occurred within a few days, but the precautions taken (with the very friendly help of the Government Health Department) prevented any fresh cases occurring subsequently. The Mission Printing Department quickly produced large cards of rules for the prevention of the disease, printed in Zulu, these were posted up and their recommendations enforced.

In connection with the movement for spreading a knowledge of the rules of health among natives, we rejoice that our local Catholic native newspaper, "Izindaba Zabantu" (in four languages) has this year commenced to print regular articles on this subject.

We seem to be having thrust upon us the honor of being allowed to make ourselves useful, as far as we can, to a good number of Convents in different parts of Natal and Zululand. So, with our own Sisters of the Precious Blood, we have recently had the honor of working for five different Orders of Sisters. They all assure us of their earnest prayers, so we are encouraged to expect many blessings on our work in the future.

Some time ago we were with our mission doctor colleague 130 miles up-country, helping him with some operations. At a Mission which we visited on our way home from there we picked up three patients and brought them down to the hospital for operations, one serious abdominal operation and two minor ones. On later visits up-country we were able to take all these patients home again. Our visits to that particular Mission (90 miles from our headquarters) have been rather frequent of late. Unfortunately the zealous Father Rector, on his way to say Holy Mass at an out-station one day, was thrown from his horse and received much bruising and concussion, so that we had two urgent calls to visit him in the course of a few days. It is wonderful how a motor car enables us to do much long distance work of this sort with comparatively little interruption of the work at headquarters—a good deal of the traveling being done at night.

Through the good services of the Society of St. Peter Claver in Rome we have received from Europe a most generous gift consisting of a large quantity of used surgical instruments, nursing appliances, etc., and—last but not least—an operating table of which we were in great need. The good Brother Blacksmith at the Monastery (a man of many talents besides those which appear in the smithy's shop) has skillfully added some extra fittings to the operating table so that it is really most serviceable now and has already been put to use several times and proved most satisfactory.

The Medical Department of the Mission gets much help from many of the other departments. This is by no means the first time that the blacksmith's shop has come to our aid. On one occasion a Sister at the Convent was suddenly prostrated by a very severe heart attack. We wished to give her oxygen inhalation as quickly as possible, and remembered that the blacksmith's shop contained an oxy-acetylene welding apparatus. We quickly fetched the oxygen cylinder and used it with much benefit, till the more orthodox type of medicinal oxygen could be procured. Our turn came to do a little in return for these favors when one day the same welding apparatus caused a splinter of steel to fly into the Brother Blacksmith's eye and we were able to remove it for him! The Carpenter Brothers also do much for us making splints, instrument cases—and the Brother Painter, too, helps us with many jobs. The Brother Electrican has lately skillfully fitted up a good electric lamp and reflector at the end of 40 yards of wire, which can be attached to our motor car when necessary. So if called to do some urgent work in the night at a native kraal where, generally speaking, no lighting arrangements exist, provided the car can be driven to within 40 yards of the kraal we can take a good electric light into the hut with which to work. We have mentioned the help we received from the Brothers, but it is to the Sisters of the Precious Blood that the Native Hospital is most indebted. For two of these Sisters, with the help of some native girls, undertake all the nursing work and general management of the hospital."

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**Purpose and Field:** The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

**Nature of Work:** The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

**Scope of Work:** The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

**Nature of the Society:** The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

**First Hospital:** The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

DR. ANNA DENGEL,
*Society of Catholic Medical Missionaries,*
*Bunker Hill Road and 16th Street N. E.,*
*Brookland, Washington, D. C.*

## WHAT A SON OF MOTHER INDIA DISCOVERED

DHAN GOPAL MUKHERJI, the author of "Caste and Outcaste," who answered Miss Mayo's book with "A Son of Mother India Answers," describes in two long articles in the *Statesman* (a Calcutta daily), a Hindu's experience in America.

Traveling from California to New York, he lectured to many and varied audiences. He says: " . . . The preoccupation with religion became more and more evident wherever I travelled and I grew continually more astonished to find nowhere any equipment for the guidance and control of the human spirit. The technique of material life was elaborate and efficient. It seemed to me that every convenience and comfort of the mortal body had been looked to, and yet this great continent of souls, restless with unfulfilled desire, was at the mercy of every charlatan of superstition, every vagrant monger of a new creed. *Only the Catholic Church throughout America offered a well worn path for the soul in search of God.** Yet that way was confined to one group of people. To me with my Hindu tradition all this was very strange. It seemed to me that one might be free without being rudderless."

* Italics are ours.

## IMPORTANT

THE September issue completes the first volume of THE MEDICAL MISSIONARY. The editor's task was pleasant and interesting, but it remains for the readers to give their opinion. Their impression will soon be put to the test, for renewal time is at hand. Would it be too good to be true to be able to announce in the next issue that all those whose subscription is due, **RENEWED!**

Become a promoter of Medical Missions, by renewing your subscription WITHOUT DELAY.

DR. ANNA DENGEL,
*Society of Catholic Medical Missionaries, Inc.,*
16th Street and Bunker Hill Road,
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# The MEDICAL MISSIONARY

Roger Van Der Weyden.

***St. Luke painting The Virgin and Child.***

Vol. II OCTOBER, 1928 No. 1